

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
CLARIDGE, REX C.

PROJECT NAME
BLOWOUT/FIRSTCHANCE

PROJECT ID
S230039

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/26/2002	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

Change of Address	
Contact	_____
Address	_____
_____	_____
_____	_____
State	Zip
Phone	_____

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining